

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-23-2002 90078 044 ***150.00

DOCUMENT # P99000068692

1. Entity Name
AMERICAN EXTENDED CARE, INC.

Principal Place of Business
11255 S.W. 211 STREET
MIAMI FL 33189

Mailing Address
11255 S.W. 211 STREET
MIAMI FL 33189

00403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0938362**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, JOSE MD
11255 S.W. 211 STREET
MIAMI FL 33189

Name **GARCIA, LODDISKA**
 Street Address (P.O. Box Number is Not Acceptable)
11255 SW 211 ST
 City **MIAMI** FL Zip Code **33189**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P GARCIA, LODDISKA**
 STREET ADDRESS **11255 S.W. 211 STREET**
 CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ Change ☒ Addition
 NAME ~~NAJIB VAZQUEZ~~
 STREET ADDRESS ~~1255 SW 211 ST~~
 CITY-ST-ZIP ~~MIAMI FL 33189~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02

CR2E034 (9/01)